# 2012 RISE Award

Application for Rural Indiana Smoke-free Environment Award



racility Type	Hospital Clinic Miental Health Inpatient Miental Health Outpatient		
	Addictions Treatment Inpatient	Addictions Treatment OutpatientOther	
Contact Name_			
	EEO		
County	Phone	E-mail	
		Facility Web Site	
A copy of your fact municate the poli		this form. Please also include a sample of any materials used to e	com-
Why did your fa	acility decide to go smoke-free?		
Explain your im	plementation process.		
What (unexpect	ed) benefits has this policy brought to ye	our facility?	
Explain any smo	oking cessation assistance provided to sta	nff/patients/clients as a result of the policy.	
Please disclose a	ny feedback you have received from you	r community.	
	edia sources you would like contacted w policy was implemented.	hen the award is announced. Attach any media coverage you	u re-

## **About the RISE Award**



#### Missior

The mission of the Indiana Rural Health Association is to provide leadership to improve rural health in Indiana.

#### What is RISE?

This award is presented annually to all who qualify and is a collaboration of the Indiana Rural Health Association and the Tobacco Prevention and Cessation Commission Intended to recognize smoke-free healthcare and mental health facilities throughout the state, the award

acknowledges management and staff who have taken necessary steps to lead Hoosiers toward a healthier Indiana.

### **Award Criteria**

The Rural Indiana Smoke-free Environment Award recognizes rural healthcare and mental health facilitie in Indiana that have policies prohibiting any smoking by staff, patients, clients and visitors in hospital/clinic buildings, on the grounds and in vehicles 24 hours a day.



### **Mailing Information**

Please mail or fax your form and your facility's smoke-free policy to

TPC

Attn: Rural Indiana Smoke-free Environment Award 2 North Meridian Street Suite 2T Indianapolis, IN 46204

Deadline: May 15, 2012

